

DIVISION OF CHILD MENTAL HEALTH SERVICES

Alcohol and Other Drug Services Criteria for Hospitalization

Hospitalization that provides 24 hour medically supervised care and daily treatment should be used for short term acute care to address symptoms that cannot be addressed at other levels of care. When the acute crisis is resolved, the client can continue treatment in a less restrictive program.

Primary Considerations:

- I. **Dual Diagnosis:** A Severe Psychoactive Substance Use Disorder (PSUD) with a psychiatric diagnosis that in combination requires 24 hour structured care and continuous psychiatric monitoring.
- II. The client:
 - A) has made suicide attempts or credible threats of significant self injury with a plan and means. (risk factors to be considered include, but are not limited to, suicide of significant other, disturbed sense of reality, depression, hopelessness, previous suicide attempts, recent losses.)
 - B) has exposed himself or herself to life threatening risk. Examples include life threatening repeated drug overdoses requiring medical intervention, repeated accidents while driving under the influence and extreme noncompliance with medical intervention for serious medical illnesses where substance abuse is impairing judgment.
 - C) has a Dual diagnosis whose behavior may result in serious physical assault, sexual assault, or fire setting, or other major harm to others.)
- III. **Least restrictive:** Care cannot be provided safely or effectively in less restrictive settings.

OTHER CONSIDERATIONS:

Clients may face problems and conditions that are not primarily substance abuse treatment issues and do not warrant highly restrictive hospital based treatment. Such conditions are noted below.

- Intellectual limitations that are a primary factor in the client's substance abuse problems render the youth incapable of benefiting from interventions offered.
- Behavioral problems primarily characterized by disregarding rules and laws of society.
- Dysfunctional families, lack of age appropriate supervision, or parent child conflict necessitating placement outside the home.

However, clients affected by these conditions may also be in acute crisis or develop substance abuse problems that should be addressed at the appropriate level of care. Interdivisional and/or interdepartmental planning and intervention will frequently be necessary to address other considerations.

**DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
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Alcohol and Other Drug Services Criteria for Day Treatment

This is AOD focused professionally directed evaluation and treatment of more than 20 hours per week in a non-residential structured setting. This level of care should be used for a drug dependent or seriously AOD abusing client where considerable psychosocial dysfunction is being caused by substance abuse. Contextual factors impact the individual but do not require removal from the current living situation.

Primary Considerations

I. A Diagnosis of PSUD

II. The client:

- A) exhibits a substance abuse disorder that compromises functioning in multiple areas, requires frequent or intensive evaluations and treatment in a structured setting. The client is compliant with a detoxification regime.
- B) a history of substance abuse that is typically more chronic, intense, and potentially lethal, than is seen in less restrictive levels of care and the client is at imminent risk of removal from the community if substance abuse and related behaviors are not controlled.
- C) Requires intensive psychotherapeutic intervention and/or a milieu that facilitates social skill development and reintegration into a regular community school environment.

III. Least restrictive (one of the following required):

- A) Twenty four hour inpatient hospitalization or RTC care is no longer necessary and more intensive services than outpatient are required, or
- B) The client has received AOD outpatient treatment and has not made progress, cannot reasonably be expected to make progress, or is regressing in outpatient treatment.

IV. Family participation: Family members or, in exceptional cases, significant others, in the client's support network (relatives, case managers, mentors) will commit to regular participation in the treatment process.

Other considerations:

Clients may face problems and conditions that are not substance abuse issues and do not warrant five day per week substance abuse intervention, removing the client from school. Such conditions are noted below:

- Intellectual limitations that frequently render the youth incapable of profiting from interventions offered.
- The client exhibits behavioral problems primarily characterized by disregarding rules and laws of society.

However, clients affected by these conditions may have substance abuse treatment concerns that should be treated at the appropriate level of care. Interdivisional and/or interdepartmental planning and intervention will frequently be necessary to address other conditions.

Following these guidelines, based on criteria and complicating conditions, each case is reviewed individually in order to establish the most appropriate course of intervention and treatment.

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Alcohol and Other Drug Services Criteria for Residential Treatment Centers (RTC)

Residential Treatment Centers (RTC) offers 24 hour structure and supervision and provides safety and a context for intense AOD, family, and milieu treatment services.

Primary considerations.

- I. **Psychoactive Substance Use Disorder:** The client exhibits clearly identifiable alcohol and other drug dependence problem or symptoms which:
- A) result in serious impairment in the client's functioning across settings including school, family, and community;
 - B) make it impossible for the client to self-regulate their behavior without 24 hour support and management by addictions counselors and mental health professionals;
 - C) create a high level of risk of direct injury to self or others without the supervision and therapeutic intervention by mental health staff; and,
 - D) are seen as generally amenable to traditional AOD interventions, including verbal, behavioral, and milieu therapies.
- II. **Least restrictive (at least one):**
- A) received outpatient treatment (including office or home based services, crisis intervention, and day program) and has not made progress, can not reasonably be expected to make progress, or is regressing in outpatient treatment, or
 - B) requires step-down care from hospital and requires 24 hour treatment (day treatment is not adequate.)
- III. **Family participation:** Family members or, in exceptional cases, significant others in the client's support network (relatives, case managers, mentors) will commit to regular participation in the treatment process and to the client's return to the community.

Other considerations:

Clients may face problems and conditions that are not substance abuse treatment issues and do not warrant 24 hour per day substance abuse treatment. Such conditions are noted below.

- Intellectual limitations make it unlikely that the client can benefit from interventions offered in a RTC. Developmentally compromised or chronically mentally ill may require a different setting.
- Behaviors that pose a significant threat to the safety of staff and the students (adjudicated delinquents may be unsafe to "mix")
- The client exhibits behavioral problems primarily characterized by disregarding rules and laws of society.
- Dysfunctional families, lack of age appropriate supervision, or parent child conflict necessitate placement outside of home.
- There is an immediate severe psychiatric risk or a medical condition that requires hospitalization.

However, clients affected by these conditions may have mental health concerns that should be treated at the appropriate level of care. Interdivisional and/or interdepartmental planning and intervention will frequently be necessary to address other conditions.

Following these guidelines, based on criteria and complicating conditions, each case is reviewed individually in order to establish the most appropriate course of intervention and treatment.

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Alcohol and Other Drug Services Criteria for Intensive Outpatient (IOP)

Intensive Outpatient Treatment is AOD focused, professionally directed evaluation and treatment of between 9 to 20 hours per week on an after school or evening basis. It is designed for the client who needs intensive treatment but can live at home and attend school or work during the day. The client must have an environment that is adequate to support the recovery process.

Admission criteria: All criteria (I, II, and III,) must be met.

I. All of the following:

A) Psychoactive Substance Use Disorder: the client:

1) Exhibits a Psychoactive substance use disorder that compromise functioning in multiple areas.

2) Requires intensive intervention to begin recovery process or to continue recovery in a part of a step down/up treatment process.

B) Behavioral/Emotional Problems: experiencing disruptive behaviors related to use of substances, marked changes in mood and documentation of substance abuse great enough to damage emotional health.

C) Impairment in Daily Living: Abuse of substances results in social dysfunction and decreased school performance.

II. Least restrictive (one of the following required):

A) Twenty four hour inpatient hospitalization, RTC or Day Treatment is no longer necessary and more intensive services than traditional outpatient are required, or

B) The client has received lower intensity outpatient treatment and has not made progress, cannot reasonably be expected to make progress, or is regressing in outpatient treatment.

III. Family participation: Family members or, in exceptional cases significant others, in the client's support network (relatives, case managers, mentors) will commit to regular participation in the treatment process and to maintaining the client in the community.

Other Considerations

Clients may face problems and conditions that are not substance abuse issues and do not warrant intensive outpatient substance abuse intervention. Such conditions are noted below:

- Intellectual limitations that frequently render the youth incapable of profiting from interventions offered.
- The client exhibits behavioral problems primarily characterized by disregarding rules and laws of society.

However, clients affected by these conditions may have substance abuse treatment concerns that should be treated at the appropriate level of care. Interdivisional and/or interdepartmental planning and intervention will frequently be necessary to address other conditions.

Following these guidelines, based on criteria and complicating conditions, each case is reviewed individually in order to establish the most appropriate course of intervention and treatment.

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Alcohol and Drug Services Outpatient

Outpatient treatment is the preferred level of treatment, unless contraindicated, in order to provide community based, family oriented treatment that allows all those concerned with the client to be involved in the therapy process. Nonintensive Outpatient treatment services refer to regularly scheduled sessions of between one and eight hours per week.

Admission Criteria: Both criteria (I and II) must be met

- I. Substance abuse involvement that qualifies or places the youth at risk of qualifying for Primary diagnosis of Psychoactive Substance Use Disorder (PSUD)
- II. Sufficiently stable mental state permitting participation in outpatient treatment.

Other Considerations:

Clients may face problems and conditions that are not substance abuse issues and do not warrant outpatient substance abuse intervention. Such conditions are noted below:

- Intellectual limitations that frequently render the youth incapable of profiting from interventions offered.
- The client exhibits behavioral problems primarily characterized by disregarding rules and laws of society.

However, clients affected by these conditions may have substance abuse treatment concerns that should be treated at the appropriate level of care. Interdivisional and/or interdepartmental planning and intervention will frequently be necessary to address other conditions.

Following these guidelines, based on criteria and complicating conditions, each case is reviewed individually in order to establish the most appropriate course of intervention and treatment.

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**Alcohol and Other Drug Services Criteria for Aide Services
(Wrap Around)**

Aide services are designed to augment substance abuse treatment provided directly by substance abuse treatment providers through the use of a paraprofessional working directly with the client and family to carry out elements of the substance abuse treatment plan. Generally the aide would be available to help generalize treatment efforts to other settings. The service should generally be time limited, focused on specific goals, and used to aid in transition between levels of care or to facilitate adjustment to developmental tasks.

Primary consideration:

- I. The client must be engaged in substance abuse treatment at least at the outpatient level. (Aide services are not a stand-alone treatment.)
- II. The goals for the aide must be integrated into the substance abuse treatment plan.
- III. There should be an attainable goal with a time limited period of intervention for each goal. Goals should be stated in concrete behavioral or skills terms.
- IV. The client has substance abuse symptoms which are severe, chronic, and/or pervasive, and are not responding or cannot reasonably be expected to respond to traditional outpatient treatment alone.
- V. Without the aide service, the client would require a higher level of service provision.

Other considerations:

The family and community support system must be involved as much as is feasible with the client. The ultimate goal of treatment that utilizes aide services is to transition the client to community-based support systems. Examples of situations where an aide is not warranted is noted below.

- The aide functions can adequately be served by a parent, relative, or other individual in the child/adolescent's support network.
- Other community resources such as Big Brothers-Big Sisters of Delaware, Inc. could be utilized instead of aide services.
- The services required are primarily for client care and supervision, transportation, or other parental responsibilities.
- The services are required primarily to prevent antisocial activity or supervise a child/adolescent with primary behavioral problems.

Interdivisional and/or interdepartmental planning and intervention will frequently be necessary to address these situations.

Following these guidelines, based on criteria and complicating conditions, each case is reviewed individually in order to establish the most appropriate course of intervention and treatment.